

Exhibit 8

PLAINTIFF'S
EXHIBIT
8
HOB-MM-C

Form **1040** Department of the Treasury—Internal Revenue Service **1988**
U.S. Individual Income Tax Return (1)

For the year Jan.—Dec. 31, 1988, or other tax year beginning 1988, ending 19

Label

Use IRS label.
 Otherwise,
 please print or
 type.

Label HERE

Your first name and initial (if joint return, also give spouse's name and initial) (last name)
David M. Nuseman and Tochl Handing

Present home address (number, street, and apt. no. or rural route), (if a P.O. Box, see page 6 of instructions.)
425 East 51st Street, Apt. 5A-6A

City, town or post office, state, and ZIP code
New York, New York 10022

OMB No. 1545-0074

Your social security number
 [REDACTED]

Spouse's social security number
 [REDACTED]

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Presidential Election Campaign

Do you want \$1 to go to this fund? ☒ Yes ☐ No
 If joint return, does your spouse want \$1 to go to this fund? ☒ Yes ☐ No

Filing Status

Check only one box.

- 1 ☐ Single
- 2 ☒ Married filing joint return (even if only one had income)
- 3 ☐ Married filing separate return. Enter spouse's social security no. above and full name here.
- 4 ☐ Head of household (with qualifying person). (See page 7 of instructions.) If the qualifying person is your child but not your dependent, enter child's name here.
- 5 ☐ Qualifying widow(er) with dependent child (year spouse died ▶ 19). (See page 7 of instructions.)

Exemptions

(See instructions on page 8.)

6a ☒ Yourself If someone (such as your parent) can claim you as a dependent, do not check box 6a. But be sure to check the box on line 33b on page 2.

b ☒ Spouse

c Dependents:

(1) Name (first, initial, and last name)	(2) Check if under age 5	(3) If age 5 or older, dependent's social security number	(4) Relationship	(5) No. of months lived in your home in 1988

d If your child didn't live with you but is claimed as your dependent under a pre-1985 agreement, check here ☐

e Total number of exemptions claimed **2**

No. of boxes checked on 6a and 6b **2**

No. of your children on 6c who:

• lived with you **—**

• didn't live with you due to divorce or separation **—**

No. of other dependents listed on 6c **—**

Add numbers entered on lines above **2**

If more than 6 dependents, see instructions on page 8.

Income

Please attach Copy B of your Forms W-2, W-2G, and W-2P here.

If you do not have a W-2, see page 6 of instructions.

Please attach check or money order here.

7	Wages, salaries, tips, etc. (attach Form(s) W-2)	7	2,486,666	86
8a	Taxable interest income (also attach Schedule B if over \$400)	8a	32,318	78
9	Tax-exempt interest income (see page 11). DON'T include on line 8a. Bt	9		
10	Dividend income (also attach Schedule B if over \$400)	10	182	43
11	Taxable refunds of state and local income taxes, if any, from worksheet on page 11 of instructions.	11		
12	Alimony received	12		
13	Business income or (loss) (attach Schedule C)	13	(3,000)	60
14	Capital gain or (loss) (attach Schedule D)	14		
15	Capital gain distributions not reported on line 13 (see page 11)	15		
16a	Other gains or (losses) (attach Form 4797)	16a		
16b	Total IRA distributions	16b		
17a	Total pensions and annuities	17a		
17b	16b Taxable amount (see page 11)	17b		
18	17a Taxable amount (see page 12)	18		
19	Rents, royalties, partnerships, estates, trusts, etc. (attach Schedule E)	19		
20	Farm income or (loss) (attach Schedule F)	20		
21a	Unemployment compensation (insurance) (see page 13)	21a		
21b	Social security benefits (see page 13)	21b		
22	b Taxable amount, if any, from the worksheet on page 13	22		
23	Other income (list type and amount—see page 13)	23	2,516,168	07
24	Add the amounts shown in the far right column for lines 7 through 22. This is your total income	24		

Adjustments to Income

(See instructions on page 13.)

25a	Reimbursed employee business expenses from Form 2106, line 13	25a		
25b	Your IRA deduction, from applicable worksheet on page 14 or 15	25b		
26	Spouse's IRA deduction, from applicable worksheet on page 14 or 15	26		
27	Self-employed health insurance deduction, from worksheet on page 15	27		
28	Keogh retirement plan and self-employed SEP deduction	28		
29	Penalty on early withdrawal of savings	29		
30	Alimony paid (recipient's last name and social security no.)	30		
31	Add lines 24 through 29. These are your total adjustments	31		
Adjusted Gross Income	Subtract line 30 from line 23. This is your adjusted gross income. If this line is less than \$18,576 and a child lived with you, see "Earned Income Credit" (line 56) on page 19 of the instructions. If you want IRS to figure your tax, see page 16 of the instructions	Adjusted Gross Income	2,516,168	07

Form 1040 (1988)

Page 2

Tax Computation	32	Amount from line 31 (adjusted gross income)	32	2,516,169	07
	33a	Check if: <input type="checkbox"/> You were 65 or older <input type="checkbox"/> Blind; <input type="checkbox"/> Spouse was 65 or older <input type="checkbox"/> Blind. Add the number of boxes checked and enter the total here.	33a		
	b	If someone (such as your parent) can claim you as a dependent, check here	33b		
	c	If you are married filing a separate return and your spouse itemizes deductions, or you are a dual-status alien, see page 16 and check here.	33c		
	34	Enter the larger of: • Your standard deduction (from page 17 of the instructions), OR • Your itemized deductions (from Schedule A, line 26). If you itemize, attach Schedule A and check here <input checked="" type="checkbox"/>	34	259,983	42
	35	Subtract line 34 from line 32. Enter the result here	35	2,256,184	65
	36	Multiply \$1,950 by the total number of exemptions claimed on line 6c	36	3,900	00
	37	Taxable income. Subtract line 36 from line 35. Enter the result (if less than zero, enter zero) Caution: If under age 14 and you have more than \$1,000 of investment income, check here <input type="checkbox"/> and see page 17 to see if you have to use Form 8615 to figure your tax.	37	2,252,284	65
	38	Enter tax. Check if from: <input type="checkbox"/> Tax Table, <input checked="" type="checkbox"/> Tax Rate Schedules, or <input type="checkbox"/> Form 8615	38	630,639	70
	39	Additional taxes (see page 17). Check if from: <input type="checkbox"/> Form 4970 <input type="checkbox"/> Form 4972	39		00
	40	Add lines 38 and 39. Enter the total	40	630,639	70
Credits (See instructions on page 18.)	41	Credit for child and dependent care expenses (attach Form 2441)	41		
	42	Credit for the elderly or the disabled (attach Schedule R)	42		
	43	Foreign tax credit (attach Form 1116)	43		
	44	General business credit. Check if from: <input type="checkbox"/> Form 3800 or <input type="checkbox"/> Form (specify)	44		
	45	Credit for prior year minimum tax (attach Form 8801)	45		
	46	Add lines 41 through 45. Enter the total.	46		00
	47	Subtract line 46 from line 40. Enter the result (if less than zero, enter zero)	47	630,639	70
Other Taxes (Including Advance EIC Payments)	48	Self-employment tax (attach Schedule SE)	48		
	49	Alternative minimum tax (attach Form 6251)	49		
	50	Recapture taxes (see page 18). Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611	50		
	51	Social security tax on tip income not reported to employer (attach Form 4137)	51		
	52	Tax on an IRA or a qualified retirement plan (attach Form 5329)	52		
	53	Add lines 47 through 52. This is your total tax	53	630,639	70
Payments Attach Forms W-2, W-2G, and W-2P to front.	54	Federal income tax withheld (if any is from Form(s) 1099, check <input type="checkbox"/>)	54	477,766	45
	55	1988 estimated tax payments and amount applied from 1987 return	55		
	56	Earned income credit (see page 19)	56		
	57	Amount paid with Form 4868 (extension request)	57		
	58	Excess social security tax and RRTA tax withheld (see page 20)	58		
	59	Credit for Federal tax on fuels (attach Form 4136)	59		
	60	Regulated investment company credit (attach Form 2439)	60		
	61	Add lines 54 through 60. These are your total payments	61	477,766	45
Refund or Amount You Owe	62	If line 61 is larger than line 53, enter amount OVERPAID	62		
	63	Amount of line 62 to be REFUNDED TO YOU	63		
	64	Amount of line 62 to be applied to your 1989 estimated tax	64		
	65	If line 53 is larger than line 61, enter AMOUNT YOU OWE. Attach check or money order for full amount payable to "Internal Revenue Service." Write your social security number, daytime phone number, and "1988 Form 1040" on it Check <input checked="" type="checkbox"/> if Form 2210 (2210F) is attached. See page 21. Penalty: \$	65	152,873	25
Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.					
Please Sign Here	Your signature Daniel M. Y. Furman		Date 4-14-89	Your occupation Vice President & General Counsel	
	Spouse's signature (if joint return, BOTH must sign)		Date 4-14-89	Spouse's occupation Vice President & General Counsel	
Paid Preparer's Use Only	Preparer's signature		Date	Check if self-employed <input type="checkbox"/>	
	Firm's name (or yours if self-employed) and address		Preparer's social security no.		
			E.I. No.		
		ZIP code			

U.S. GOVERNMENT PRINTING OFFICE: 1988-203-855 E.I. 43-0787267

TH426

SCHEDULES A&B

(Form 1040)

Department of the Treasury
Internal Revenue Service

Schedule A—Itemized Deductions

(Schedule B is on back)

▶ Attach to Form 1040. ▶ See instructions for Schedules A and B (Form 1040).

OMB No. 1545-0074

1988

Attachment
Sequence No. 07

Name(s) as shown on Form 1040

David M. Naserman and Tochi Harding

Your social security number

Medical and Dental Expenses (Do not include expenses reimbursed or paid by others.) (See instructions on page 23.)	1a	Prescription medicines and drugs, insulin, doctors, dentists, nurses, hospitals, medical insurance premiums you paid, etc.	1a			
	b	Other (list—include hearing aids, dentures, eyeglasses, transportation and lodging, etc.) ▶				
	1b	Add lines 1a and 1b, and enter the total here	2			
Taxes You Paid (See instructions on page 23.)	3	Multiply the amount on Form 1040, line 32, by 7.5% (.075)	3			
	4	Subtract line 3 from line 2. If zero or less, enter -0-. Total medical and dental	4			00
	5	State and local income taxes	5	181,050	86	
Interest You Paid (See instructions on page 24.)	6	Real estate taxes	6	9,612	71	
	7	Other taxes (list—include personal property taxes) ▶ <i>Lease, MA Ex., Personal Property Tax, N.Y. Park Tax</i>	7	578	72	
	8	Add the amounts on lines 5 through 7. Enter the total here. Total taxes	8	191,242	29	
Gifts to Charity (See instructions on page 25.)	9a	Deductible home mortgage interest you paid to financial institutions (report deductible points on line 10)	9a	43,501	84	
	b	Deductible home mortgage interest you paid to individuals (show that person's name and address) ▶ <i>Richard Shope, L. Linda Florence, Portage, Michigan</i>	9b	1,868	28	
	10	Deductible points. (See instructions for special rules.)	10		00	
	11	Deductible investment interest (see page 24)	11		00	
	12a	Personal interest you paid (see page 24)	12a	60	26	
	12b	Multiply the amount on line 12a by 40% (.40). Enter the result	12b	24	10	
Casualty and Theft Losses Moving Expenses	13	Add the amounts on lines 9a through 11, and 12b. Enter the total here. Total interest	13	45,344	22	
	14	Contributions by cash or check. (If you gave \$3,000 or more to any one organization, show to whom you gave and how much you gave.) ▶ <i>St. Patrick's (N.Y. N.Y.) \$2,200; St. Mary's (N.Y. N.Y.) \$7,100</i>	14	18,496	91	
	15	Other than cash or check. (You must attach Form 8283 if over \$500.)	15	4,850	00	
Job Expenses and Most Other Miscellaneous Deductions (See page 26 for expenses to deduct here.)	16	Carryover from prior year	16			
	17	Add the amounts on lines 14 through 16. Enter the total here. Total contributions	17	23,346	91	
	18	Casualty or theft loss(es) (attach Form 4684). (See page 25 of the instructions.) ▶	18			00
	19	Moving expenses (attach Form 3903 or 3903F). (See page 26 of the instructions.) ▶	19			00
Other Miscellaneous Deductions	20	Unreimbursed employee expenses—job travel, union dues, job education, etc. (You MUST attach Form 2106 in some cases. See instructions.) ▶	20			
	21	Other expenses (investment, tax preparation, safe deposit box, etc.). List type and amount ▶	21			
	22	Add the amounts on lines 20 and 21. Enter the total	22			
	23	Multiply the amount on Form 1040, line 32, by 2% (.02). Enter the result here	23			
Total Itemized Deductions	24	Subtract line 23 from line 22. Enter the result (if zero or less, enter zero)	24			00
	25	Other (from list on page 26 of instructions). Enter type and amount ▶	25			00
26		Add the amounts on lines 4, 8, 13, 17, 18, 19, 24, and 25. Enter the total here. Then enter on Form 1040, line 34, the LARGER of this total or your standard deduction from page 17 of the instructions	26	259,983	42	

For Paperwork Reduction Act Notice, see Form 1040 Instructions.

Schedule A (Form 1040) 1988

TH427

Schedules A&B (Form 1040) 1988

OMB No. 1545-0074 Page 2

Name(s) as shown on Form 1040. (Do not enter name and social security number if shown on other side.)

David M. Nassman & Tochl. Harding

Your social security number

Schedule B—Interest and Dividend Income

Attachment
Sequence No. 08Part I
Interest
Income(See
Instructions on
pages 10 and 26.)

If you received more than \$400 in taxable interest income, you must complete Part I and Part III and list ALL interest received. You must report all interest on Form 1040, even if you are not required to complete Part I and Part III. If you received, as a nominee, interest that actually belongs to another person, or you received or paid accrued interest on securities transferred between interest payment dates, see page 27.

Note: If you received a Form 1099-INT or Form 1099-ORD from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

Interest Income		Amount	
1	Interest income from seller-financed mortgages. (See Instructions and list name of payer.) ▶	1	00
2	Other interest income (list name of payer) ▶	2	
	Republic National Bank of N.Y.		31,175 04
	Fulton Trust Company		431 21
	Merrill Lynch Realty Assets		712 63
3	Add the amounts on lines 1 and 2. Enter the total here and on Form 1040, line 8a. ▶	3	32,318 77

Part II
Dividend
Income(See
Instructions on
pages 11 and 27.)

If you received more than \$400 in gross dividends and/or other distributions on stock, complete Part II and Part III. You must report all taxable dividends on Form 1040, even if you are not required to complete Part II and Part III. If you received, as a nominee, dividends that actually belong to another person, see page 27.

Note: If you received a Form 1099-DIV from a brokerage firm, list the firm's name as the payer and enter the total dividends shown on that form.

Dividend Income		Amount	
4	Dividend income (list name of payer—include on this line capital gain distributions, nontaxable distributions, etc.) ▶	4	
5	Add the amounts on line 4. Enter the total here	5	
6	Capital gain distributions. Enter here and on line 13, Schedule D.*	6	
7	Nontaxable distributions. (See Schedule D Instructions for adjustment to basis.)	7	
8	Add the amounts on lines 6 and 7. Enter the total here	8	
9	Subtract line 8 from line 5. Enter the result here and on Form 1040, line 9	9	

*If you received capital gain distributions but do not need Schedule D to report any other gains or losses, enter your capital gain distributions on Form 1040, line 14.

Part III
Foreign
Accounts
and
Foreign
Trusts(See
Instructions
on page 27.)

If you received more than \$400 of interest or dividends, OR if you had a foreign account or were a grantor of, or a transferor to, a foreign trust, you must answer both questions in Part III.

- 10 At any time during the tax year, did you have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? (See page 27 of the Instructions for exceptions and filing requirements for Form TD F 90-22.1.)
- If "Yes," enter the name of the foreign country ▶
- 11 Were you the grantor of, or transferor to, a foreign trust which existed during the current tax year, whether or not you have any beneficial interest in it? If "Yes," you may have to file Form 3520, 3520-A, or 926

Yes	No
	X
	X

For Paperwork Reduction Act Notice, see Form 1040 Instructions.

Schedule B (Form 1040) 1988

U.S. GOVERNMENT PRINTING OFFICE: 1988-203-855 E.I. 43-0787287

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[Form 8283]

3535-15

Form **8283**
(Rev. August 1988)Department of the Treasury
Internal Revenue Service**Noncash Charitable Contributions**▶ Attach to your Federal income tax return if the total claimed deduction for all property contributed exceeds \$500.
▶ See separate instructions.OMB No. 1545-0048
Expires 3-31-99Attachment
Sequence No **55**

Name(s) as shown on your income tax return

David M. Nasrman & Tockl Harding

Identification number

Note: Compute the amount of your contribution deduction before completing Form 8283. (See your tax return instructions.)**Section A**

Include in Section A only items (or groups of similar items) for which you claimed a deduction of \$5,000 or less per item or group, and certain publicly traded securities (see instructions).

Part I Information on Donated Property

1	(a) Name and address of the donee organization	(b) Description of donated property (attach a separate sheet if more space is needed)
A	<u>Berkshire Theatre Festival</u> <u>Stockbridge, Massachusetts</u> <u>Non Profit No. : 04-6134497</u>	<u>Furniture, Glassware, Pictures,</u> <u>House wares and clothing</u>
B		
C		
D		
E		

Note: Columns (d), (e), and (f) do not have to be completed if the amount you claimed as a deduction for the item is \$500 or less.

	(c) Date of the contribution	(d) Date acquired by donor (mo., yr.)	(e) How acquired by donor	(f) Donor's cost or adjusted basis	(g) Fair market value	(h) Method used to determine the fair market value
A	<u>10-24-88</u>	<u>1975-1983</u>	<u>Purchase</u>	<u>N/A</u>	<u>\$4,850</u>	<u>Appraisal</u>
B						
C						
D						
E						

Part IIOther Information—Complete question 2 if you gave less than an entire interest in property listed in Part I.
Complete question 3 if restrictions were attached to a contribution listed in Part I.

- 2 If less than the entire interest in the property is contributed during the year, complete the following:
- (a) Enter letter from Part I which identifies the property _____. (Attach a separate statement if Part II applies to more than one property.)
- (b) Total amount claimed as a deduction for the property listed in Part I for this tax year _____;
for any prior tax year(s) _____.
- (c) Name and address of each organization to which any such contribution was made in a prior year (complete only if different from the donee organization above).
- Charitable organization (donee) name _____
- Number and street _____
- City or town, state, and ZIP code _____
- (d) The place where any tangible property is located or kept. _____
- (e) Name of any person, other than the donee organization, having actual possession of the property. _____
- 3 If conditions were attached to any contribution listed in Part I, answer the following questions:
- (a) Is there a restriction either temporarily or permanently on the donee's right to use or dispose of the donated property?

Yes	No
- (b) Did you give to anyone (other than the donee organization or another organization participating with the donee organization in cooperative fundraising) the right to the income from the donated property or to the possession of the property, including the right to vote donated securities, to acquire the property by purchase or otherwise, or to designate the person having such income, possession, or right to acquire?

Yes	No
- (c) Is there a restriction limiting the donated property for a particular use?

Yes	No

For Paperwork Reduction Act Notice, see separate instructions.

Form 8283 (Rev. 8-88)

[11 1517B]

TH429

3535-16

Form 8283 8-88

[Form 8283]

294 1-89

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Section B Appraisal Summary—Include in Section B only items (or groups of similar items) for which you claimed a deduction of more than \$5,000 per item or group. (Report contributions of certain publicly traded securities only in Section A.)

If you donated art, you may have to attach the complete appraisal. See the Note in Part II below.

Part I Donee Acknowledgment (To be completed by the charitable organization.)

1 This charitable organization acknowledges that it is a qualified organization under section 170(c) and that it received the donated property as described in Part II on _____ (Date)

Furthermore, this organization affirms that in the event it sells, exchanges, or otherwise disposes of the property (or any portion thereof) within two years after the date of receipt, it will file an information return (Form 8282, Donee Information Return) with the IRS and furnish the donor a copy of that return. This acknowledgment does not represent concurrence in the claimed fair market value.

Charitable organization (donee) name _____

Employer identification number _____

Number and street _____

City or town, state, and ZIP code _____

Authorized signature _____

Title _____

Date _____

Part II Information on Donated Property (To be completed by the taxpayer and/or appraiser.)

2 Check type of property:

☐ Art* (contribution of \$20,000 or more)

☐ Real Estate

☐ Gems/Jewelry

☐ Stamp Collections

☐ Art* (contribution of less than \$20,000)

☐ Coin Collections

☐ Books

☐ Other

*Art includes paintings, sculptures, watercolors, prints, drawings, ceramics, antique furniture, decorative arts, textiles, carpets, silver, rare manuscripts, historical memorabilia, and other similar objects. Note: If you donated art after December 31, 1987, and your total art contribution deduction was \$20,000 or more, you must attach a complete copy of the signed appraisal and include an 8 x 10 inch color photograph (or a color transparency, no smaller than 4 x 5 inches).

(a) Description of donated property (attach a separate sheet if more space is needed)		(b) If tangible property was donated, give a brief summary of the overall physical condition at the time of the gift	(c) Appraised fair market value
A			
B			
C			
D			

(d) Date acquired by donor (mo., yr.)	(e) How acquired by donor	(f) Donor's cost or adjusted basis	(g) For bargain sales after 6/6/88, enter amount received	(h) Amount claimed as a deduction	(i) Average trading price of securities
A					
B					
C					
D					

Part III Taxpayer (Donor) Statement—List any item(s) included in Section B, Part II, that is (are) separately identified in the appraisal as having a value of \$500 or less. See instructions.

I declare that the following item(s) included in Part II above has (have) to the best of my knowledge and belief an appraised value of not more than \$500 (per item). (Enter identifying letter from Part II and describe the specific item):

Signature of taxpayer (donor) _____

Date _____

Part IV Certification of Appraiser (To be completed by the appraiser of the above donated property.)

I declare that I am not the donor, the donee, a party to the transaction in which the donor acquired the property, employed by, married to, or related to any of the foregoing persons, or an appraiser regularly used by any of the foregoing persons and who does not perform a majority of appraisals during the taxable year for other persons.

Also, I declare that I hold myself out to the public as an appraiser or perform appraisals on a regular basis, and that because of my qualifications as described in the appraisal, I am qualified to make appraisals of the type of property being valued. I certify the appraisal fees were not based upon a percentage of the appraised property value. Furthermore, I understand that a false or fraudulent overstatement of the property value as described in the qualified appraisal or this appraisal summary may subject me to the civil penalty under section 6701(a) (aiding and abetting the understatement of tax liability). I affirm that I have not been barred from presenting evidence or testimony by the Director of Practice.

Please

Sign

Here

Signature _____

Business address _____

Title _____

Date of appraisal _____

Identification number _____

City or town, state, and ZIP code _____

[# 1517B]

TH430

<div style="display: flex; justify-content: space-between;"> <div> <p>SCHEDULE D (Form 1040)</p> <p>Department of the Treasury Internal Revenue Service</p> </div> <div> <p>Capital Gains and Losses (And Reconciliation of Forms 1099-B)</p> <p>► Attach to Form 1040. ► See Instructions for Schedule D (Form 1040). For Paperwork Reduction Act Notice, see Form 1040 Instructions.</p> </div> <div> <p>2045-5</p> <p>OMB No 1545-0044</p> <p style="font-size: 2em; font-weight: bold;">1988</p> <p>Attachment Sequence No 12</p> </div> </div>			
<p>Name(s) as shown on Form 1040 David M. Nuseman & Tocht Harding</p>		<p>Your social security number</p>	
<p>1 Report here the total sales of stocks, bonds, etc., reported for 1988 to you on Form(s) 1099-B or on equivalent substitute statement(s). If this amount differs from the total of lines 2b and 9b, column (d), attach a statement explaining the difference. See the instructions for line 1 for examples</p>			
<p>Part I Short-Term Capital Gains and Losses—Assets Held One Year or Less (6 months or less if acquired before 1/1/88)</p>			
(a) Description of property (Example, 100 shares 7% preferred of "Z" Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price (see instructions) (e) Cost or other basis (see instructions) (f) LOSS If (e) is more than (d), subtract (d) from (e) (g) GAIN If (d) is more than (e), subtract (e) from (d)
<p>2a Stocks, Bonds, and Other Securities (Include all Form 1099-B transactions. See instructions.)</p>			
33,000 shares of 200 Broadway Corp. stock	1-4-88	7-5-88	10,000 shares for \$2,115,600
Common stock			33,000 shares for \$1,466,250
<p>2b Total (add column (d)) 2b \$2,102,500</p>			
<p>2c Other Transactions (Include Real Estate Transactions From Forms 1099-S)</p>			
<p>3 Short-term gain from sale or exchange of your home from Form 2119, line 8a or 14 3</p> <p>4 Short-term gain from installment sales from Form 6252, line 22 or 30 4</p> <p>5 Net short-term gain or (loss) from partnerships, S corporations, and fiduciaries 5</p> <p>6 Short-term capital loss carryover 6</p> <p>7 Add all of the transactions on lines 2a and 2c and lines 3 through 6 in columns (f) and (g) 7 (13, 100 00)</p> <p>8 Net short-term gain or (loss), combine columns (f) and (g) of line 7 8 (13, 100 00)</p>			
<p>Part II Long-Term Capital Gains and Losses—Assets Held More Than One Year (more than 6 months if acquired before 1/1/88)</p>			
<p>9a Stocks, Bonds, and Other Securities (Include all Form 1099-B transactions. See instructions.)</p>			
<p>9b Total (add column (d)) 9b</p>			
<p>9c Other Transactions (Include Real Estate Transactions From Forms 1099-S)</p>			
<p>10 Long-term gain from sale or exchange of your home from Form 2119, line 8a, 10, or 14 10</p> <p>11 Long-term gain from installment sales from Form 6252, line 22 or 30 11</p> <p>12 Net long-term gain or (loss) from partnerships, S corporations, and fiduciaries 12</p> <p>13 Capital gain distributions 13</p> <p>14 Enter gain from Form 4797, line 7 or 9 14</p> <p>15 Long-term capital loss carryover 15</p> <p>16 Add all of the transactions on lines 9a and 9c and lines 10 through 15 in columns (f) and (g) 16 ()</p> <p>17 Net long-term gain or (loss), combine columns (f) and (g) of line 16 17</p>			

2045-6

[Form 1040, Schedule D (1988)]

2008 Form

Schedule D (Form 1040) 1988

Attachment Sequence No 12

Page 2

Name(s) as shown on Form 1040 (Do not enter name and social security number if shown on other side)

David M. Newman b Tocht Harding

Your social security number

Part III Summary of Parts I and II

18	Combine lines 8 and 17, and enter the net gain or (loss) here. If result is a gain, also enter the gain on Form 1040, line 13.	18	(13,100.00)
19	If line 18 is a (loss), enter here and as a (loss) on Form 1040, line 13, the smaller of: a The (loss) on line 18; or b (\$3,000) or, if married filing a separate return, (\$1,500). Note: When figuring which amount is smaller, treat them as if they were positive numbers.	19	(3,000.00)

Part IV Computation of Capital Loss Carryovers From 1988 to 1989
(Complete this part if the loss on line 18 is more than the loss on line 19.)

20	Enter the loss shown on line 8; if none, enter zero and skip lines 21 through 24.	20	13,100	—
21	Enter gain shown on line 17. If that line is blank or shows a loss, enter zero.	21		00
22	Subtract line 21 from line 20.	22	13,100	—
23	Enter the smaller of line 19 or 22.	23	3,000	—
24	Subtract line 23 from line 22. This is your short-term capital loss carryover from 1988 to 1989.	24	10,100	00
25	Enter loss from line 17; if none, enter zero and skip lines 26 through 29.	25		
26	Enter gain shown on line 8. If that line is blank or shows a loss, enter zero.	26		
27	Subtract line 26 from line 25.	27		
28	Subtract line 23 from line 19. (Note: If you skipped lines 21 through 24, enter the amount from line 19.)	28		
29	Subtract line 28 from line 27. This is your long-term capital loss carryover from 1988 to 1989.	29		

Part V Complete This Part Only If You Elect Out of the Installment Method and Report a Note or Other Obligation at Less Than Full Face Value

30	Check here if you elect out of the installment method.		<input type="checkbox"/>
31	Enter the face amount of the note or other obligation.		
32	Enter the percentage of valuation of the note or other obligation.		

Part VI Reconciliation of Forms 1099-B for Bartering Transactions

(Complete this part if you received one or more Form(s) 1099-B or an equivalent substitute statement(s) reporting bartering income.)

Amount of bartering income from Form 1099-B or equivalent statement reported on form or schedule

33	Form 1040, line 22.	33		
34	Schedule C (Form 1040)	34		
35	Schedule D (Form 1040)	35		
36	Schedule E (Form 1040)	36		
37	Schedule F (Form 1040)	37		
38	Other (identify) (if not taxable, indicate reason—attach additional sheets if necessary)	38		
39	Total (add lines 33 through 38). Note: The amount on line 39 should be the same as the total bartering income on all Forms 1099-B and equivalent statements received.	39		

[1515]

TH432

Form **2210**Department of the Treasury
Internal Revenue Service (IRS)**Underpayment of
Estimated Tax by Individuals and Fiduciaries**▶ See separate instructions.
▶ Attach to Form 1040 or Form 1041.

OMB No. 1545-0140

1988Attachment
Sequence No. 39

Name(s) as shown on tax return:

David M. Nareman & Tochi Harding

Identifying number

Note: In most cases, IRS can figure the penalty for you and you do not have to complete this form. See the separate instructions for more information.

Part I Figuring Your Underpayment

1	1988 tax after credits (from Form 1040, line 47 or Form 1041, Schedule G, line 4)	1	630, 639.70
2	Other taxes (see instructions)	2	00
3	Add lines 1 and 2	3	630, 639.70
4	Earned income credit	4	
5	Credit for Federal tax on fuels	5	
6	Add lines 4 and 5	6	00
7	Subtract line 6 from line 3	7	630, 639.70
8	Multiply line 7 by 90% (.90)	8	567, 575.73
9	Withholding taxes from 1988 Form 1040, lines 54 and 58 (or Form 1041, line 24e). (Include any credit from Form 4469.)	9	477, 746.45
10	Subtract line 9 from line 7. If the result is less than \$500, do not complete this form. You do not owe the penalty	10	89, 809.28
11	Enter your 1987 tax. (Caution: See instructions.)	11	64, 206.13
12	Enter the smaller of line 8 or line 11 If line 9 is equal to or more than line 12, do not complete this form. You do not owe the penalty.	12	64, 206.13

13 Divide line 12 by four (4) and enter the result in each column. However, if you use the annualized income installment method, complete the worksheet in the instructions and enter the amount from line 26 in each column of line 13. Also check this box ☐ and attach a copy of the worksheet.

Complete lines 14 through 21 for one column before completing the next column.

14 Estimated tax paid and tax withheld. For column (a) only, enter the amount from line 14 on line 18 (see instructions).

If line 14 is equal to or more than line 13 for all payment periods, do not complete the rest of this form. However, if you used the annualized income installment method, you must attach Form 2210 and the worksheet to your return.

15 Enter amount, if any, from line 21 of previous column

16 Add lines 14 and 15

17 Add amounts on lines 19 and 20 of the previous column and enter the result

18 Enter line 16 minus line 17. If zero or less, enter zero. (For column (a) only, enter the amount from line 14.)

19 Remaining underpayment from previous period. If the amount on line 18 is zero, subtract line 16 from line 17 and enter the result. Otherwise, enter zero

20 UNDERPAYMENT. If line 13 is larger than or equal to line 18, enter line 13 minus line 18. Then go to line 14 of next column. Otherwise, go to line 21

21 OVERPAYMENT. If line 18 is larger than line 13, enter line 18 minus line 13. Then go to line 14 of next column

	Payment Due Dates			
	(a) Apr. 15, 1988	(b) June 15, 1988	(c) Sept. 15, 1988	(d) Jan. 15, 1989
13				
14				
15				
16				
17				
18				
19				
20				
21				

For Paperwork Reduction Act Notice, see page 1 of separate instructions.

1/30/89

Published by Tax Management Inc., a Subsidiary of The Bureau of National Affairs, Inc.

Form 2210 (1988)

2210.1

113

TH433

1 Control number		OMB No. 1545-0008		Copy B to be filed with employee's FEDERAL tax return This information is being furnished to the Internal Revenue Service.	
2 Employer's name, address, and ZIP code		3 Employer's identification number	4 Employer's state ID number		
LIN BROADCASTING CORPORATION 1370 AVENUE OF THE AMERICAS NEW YORK, NEW YORK 10019		62-0673800			
5 Statutory employee	6 Deceased	7 Pension plan	8 Legal rep.	9 942 emp.	10 Suburban
					11 Deferred compensation
6 Allocated tips		7 Advance EIC payment			
8 Employee's social security number	9 Federal income tax withheld	10 Wages, tips, other compensation	11 Social security tax withheld		
086-42-8261	458,738.44	2,354,950.23	3,379.50		
12 Employee's name, address, and ZIP code		13 Social security wages	14 Social security tips		
David M. Naseman 425 East 51st Street New York, New York 10022		45,000.00			
		15	16a Fringe benefits incl. in Box 10		
		17 State income tax	18 State wages, tips, etc.	19 Name of state	
		122,796.44	2354950.23	New York	
		20 Local income tax	21 Local wages, tips, etc.	22 Name of locality	
		45,182.60	2354950.23	NYC	


Form W-2 Wage and Tax Statement 1988

Dep't. of the Treasury-105

1 Employer ID #	2 Employer state ID #	3 PERS PLAN	4 DEF CORP	Copy B for Employees Federal Tax Return	
13-3247448		X	X		
5 Employer's name, address, and ZIP code		6 Allocated tips		7 Advance EIC payment	
INFO SOLUTIONS 4 WEST RED OAK LANE WHITE PLAINS NY 10604		0.00		0.00	
8 Employee's social security number		9 Federal income tax withheld		10 Wages, tips, other compensation	
514-44-4960	3,378.50	19,028.01		131,716.63	
11 Social security tax withheld		12 Social security wages		13 Social security tips	
	3,378.50	45,000.00		0.00	
14 Employee's name, address, and ZIP code		15 1988 401K/SSPK DEFERRED		16a Fringe benefits incl. in Box 10	
TOEHL HARDING 425 EAST 51ST APT 5A NEW YORK NY 10022		3,192.00		345.00	
		GROUP TERM LIFE INSURANCE		FLEX NET ADDIT COMP	
		1,211.04		0.00	
		0.00		0.00	
		17 State income tax		18 State wages, tips, etc.	
		8,039.34		131,716.63	
		19 Name of state		NEW YORK	
		20 Local income tax		21 Local wages, tips, etc.	
		4,032.48		0.00	
		22 Name of locality		NEW YORK	

Form W-2 Wage and Tax Statement 10-033185D This information is being furnished to the Internal Revenue Service

OMB 1545-0008 YEAR 1988

DAVID M. NASEMAN 1370 AVENUE OF THE AMERICAS NEW YORK, NY 10019		113
PAY TO THE ORDER OF <u>Internal Revenue Service</u>		1-482/261
Date <u>April 14, 1989</u>		
Amount <u>\$ 152,773.26</u>		
<u>One Hundred Fifty-two Thousand, Eight Hundred Seventy-three & 27/100</u> DOLLARS		
 Republic National Bank of New York WORLD HEADQUARTERS 482 FIFTH AVENUE NEW YORK, N.Y. 10018		
MEMO: 1988 Federal Income Tax		
MICROFILMED BY <u>David M. Naseman</u>		
MICROFILMED BY <u>318188309 0113</u>		

David M. Naseman
425 East 51st Street
Apt. 5A-6A
New York, N.Y. 10022



INTERNAL REVENUE SERVICE CENTER
Holtsville, New York 00501-0002

1988 New York State City of New York City of Yonkers **Resident** Income Tax Return **IT-201**

New York State Department of Taxation and Finance For Jan. 1 - Dec. 31, 1988, or fiscal tax year beginning 1988, ending 19

For office use only

Attach label, or print or type

Last name **Naseman, David M. and Harding, Tochi** First name and middle initial (if joint return, enter both names)

Mailing address (number and street or rural route) **425 East 61st Street,** Apartment number **5A-4A**

City, village or post office **New York, New York** State **NY** ZIP code **10022**

Enter below your permanent home address within New York State if it is not the same as your mailing address above (see instructions, page 19).

Permanent home address (number and street or rural route) _____ Apartment number _____

City, village or post office _____ State _____ ZIP code _____

If taxpayer is deceased, enter first name and date of death. _____

Your social security number _____

Spouse's social security number _____

New York State county of residence **New York**

School district name **Manhattan**

School district code number **309**

(A) Filing Status

1 ☐ Single

2 ☒ Married filing joint return

3 ☐ Married filing separate return (enter spouse's social security number above)

4 ☐ Head of household (with qualifying person)

5 ☐ Qualifying widow(er) with dependent child

(B) Can you be claimed as a dependent on another taxpayer's federal return? ... Yes ☐ No ☒

(C) If you use a paid preparer and do not want New York tax forms mailed to you next year, check box ☐

Enter your income items and total adjustments exactly as they appear on your federal return (see instructions, page 9).

1	Wages, salaries, tips, etc.	1	2,484,466	86
2	Taxable interest income	2	32,378	78
3	Dividend income	3		
4	Taxable refunds of state and local income taxes (also enter on line 24 below)	4	182	43
5	Alimony received	5		
6	Business income or (loss) (attach copy of federal Schedule C, Form 1040)	6		
7	Capital gain or (loss) (attach copy of federal Schedule D, Form 1040)	7	(3,000)	00
8	Capital gain distributions not reported on line 7	8		
9	Other gains or (losses) (attach copy of federal Form 4797)	9		
10	Taxable amount of IRA distributions	10		
11	Taxable amount of pensions and annuities	11		
12	Rents, royalties, partnerships, estates, trusts, etc. (attach copy of federal Schedule E, Form 1040)	12		
13	Farm income or (loss) (attach copy of federal Schedule F, Form 1040)	13		
14	Unemployment compensation (insurance)	14		
15	Taxable amount of social security benefits (also enter on line 25 below)	15		
16	Other income (see instructions, page 9) Identify:	16		
17	Add lines 1 through 16	17	2,516,168	07
18	Total federal adjustments to income (see instructions, page 10) Identify:	18		00
19	Adjusted gross income (federal) (subtract line 18 from line 17)	19	2,516,168	07
New York Additions: (see instructions, page 10)				
20	Interest income on state and local bonds (but not those of New York State or its localities)	20		
21	Accelerated cost recovery system (ACRS) deduction (from Form 17399, line 1, column G; attach form)	21		
22	Other (see instructions, page 10) Identify:	22		
23	Add lines 19 through 22	23		
New York Subtractions: (see instructions, page 11)				
24	Taxable refunds of state and local income taxes (from line 4 above)	24	182	43
25	Taxable social security benefits (from line 15 above)	25		
26	Interest income on U.S. government bonds	26		
27	Pension and annuity income exclusion	27		
28	New York State depreciation (from Form 17399, line 1, column F; attach form)	28		
29	Other (see instructions, page 12) Identify:	29		
30	Add lines 24 through 29	30	182	43
31	New York adjusted gross income (subtract line 30 from line 23)			

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32 Amount from line 31 (New York adjusted gross income)		32	2,515,985	64
Itemized Deductions	33 Medical and dental expenses (from federal Schedule A, line 4)	33	00	
	34 Taxes you paid (from federal Schedule A, line 8)	34	191,242	29
	35 Interest you paid (from federal Schedule A, line 13)	35	45,394	22
	36 Gifts to charity (from federal Schedule A, line 17)	36	23,346	91
	37 Casualty and theft losses (from federal Schedule A, line 18)	37	00	
	38 Moving expenses (from federal Schedule A, line 19)	38	00	
	39 Job expenses and most other miscellaneous deductions (from federal Schedule A, line 24)	39	00	
	40 Other miscellaneous deductions (from federal Schedule A, line 25)	40	00	
	41 Total itemized deductions (from federal Schedule A, line 26)	41	259,983	42
	42 State, local and foreign income taxes included on line 34 (see instructions)	42	181,050	86
43 Subtract line 42 from line 41	43	78,932	56	
44 Other adjustments (see instructions, page 13)	44	00		
45 Line 43 and add or subtract line 44	45	78,932	56	
46 New York itemized deduction adjustment (if line 32 is more than \$100,000, see instructions, page 13; all others enter "0" on line 46)	46	15,784	57	
47 New York itemized deduction (subtract line 46 from line 45)	47	63,146	05	
48 New York deduction - (check only one box below and enter amount on line 48)				
<input type="checkbox"/> Standard (see instructions, page 14) or <input checked="" type="checkbox"/> Itemized (enter amount from line 47)				
Tax Computation	49 Subtract line 48 from line 32	49	63,146	05
	50 New York dependent exemptions (from Dependent Exemption Worksheet, instructions page 14)	50	2,452,839	59
	51 New York taxable income (subtract line 50 from line 49)	51	2,450,687	59
	52 New York State tax on line 51 amount (use New York State Tax Table on yellow pages 27 through 32)	52	204,386	32
	53 Additional tax on unearned income (if line 32 is more than \$100,000, or more than \$50,000 if you are married and filing a separate return, see instructions, page 14; all others enter "0" on lines 53 and 54)	53	00	
54 Unearned income, if any (from Form IT-201-ATT, line 33; attach form)	54			
55 Add lines 52 and 53	55	204,386	32	
Credits/Other Taxes/Gift/Totals	56 NY State child and dependent care credit - number of qualifying persons <input type="text"/> and for in 1988 <input type="text"/>	56		
	57 New York State household credit (from Worksheet III or IV, page 15)	57		
	58 Other New York State credits (from Form IT-201-ATT, line 7; attach form)	58		
	59 Add lines 56, 57, and 58	59	00	
	60 Subtract line 59 from line 55 (if line 59 is more than line 55, enter "0")	60	204,386	32
	61 Other New York State taxes (from Form IT-201-ATT, line 14; attach form)	61	00	
	62 Total New York State taxes (add lines 60 and 61)	62	204,386	32
	63 City of New York resident tax (use City of NY Tax Table on white pages 33 - 38)	63	85,334	39
	64 City of NY household credit (from Worksheet III or IV, page 15)	64	00	
	65 Subtract line 64 from line 63 (if line 64 is more than line 63, enter "0")	65	85,334	39
66 City of New York nonresident earnings tax (attach Form NYC-203)	66			
67 Other city of New York taxes (from Form IT-201-ATT, line 18; attach form)	67			
68 City of Yonkers resident income tax surcharge (from Yonkers worksheet, page 17)	68			
69 City of Yonkers nonresident earnings tax (attach Form Y-203)	69			
70 Part-year city of Yonkers resident income tax surcharge (attach Form IT-362.1)	70			
71 Total city of New York and city of Yonkers taxes (add lines 65 through 70)	71	85,334	39	
72 If you want to Return a Gift to Wildlife, enter amount; \$5, \$10, \$20, other (see instructions, page 8)	72	10	00	
73 Total NY State, city of NY and city of Yonkers taxes, and Gift to Wildlife (add lines 62, 71 and 72)	73	289,720	71	
74 Real property tax credit (from Form IT-214, line 18; attach form)	74	289,720	71	
75 Total New York State tax withheld (attach wage and tax statements to front)	75	131,335	78	
76 Total city of New York tax withheld (attach wage and tax statements to front)	76	49,315	08	
77 Total city of Yonkers tax withheld (attach wage and tax statements to front)	77			
78 Estimated tax paid/Amount paid with Form IT-370	78			
79 Total payments (add lines 74 through 78)	79	181,050	86	
80 If line 79 is more than line 73, enter amount overpaid (also see lines 81 and 82)	80			
81 Amount of line 80 to be refunded to you	81			
82 Amount of line 80 to be applied to your 1989 estimated tax	82			
83 If line 79 is less than line 73, enter amount you owe (do not send cash; make check or money order payable to NY State Income Tax; write your social security number and "1989 Income tax" on it)	83	108,679	85	
84 Check this box <input type="checkbox"/> if Form IT-2105.9 is attached (see instructions, page 18) 1989 Tax: \$ 428,544.14	84			

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____

Firm's name (for joint, self-employed): _____ Preparer's social security number: _____

Address: _____ Employer identification number: _____

Sign Your Return

Your signature: David M. Freeman Date: 4-14-89

Spouse's signature (if joint return): _____ Date: _____

1 Control number		OMB No. 1545-0000		Copy 1 For State, City, or Local Tax Department	
2 Employer's name, address, and ZIP code		3 Employer's identification number		4 Employer's state I.D. number	
LIN BROADCASTING CORPORATION 1370 AVENUE OF THE AMERICAS NEW YORK, NEW YORK 10019		62-0673800			
5 Employee's social security number		6 Federal income tax withheld		7 Advance EIC payment	
086-42-8261		458,738.44			
12 Employee's name, address, and ZIP code		13 Social security wages		14 Social security tips	
David M. Naseman 425 East 51st Street New York, New York 10022		45,000.00			
10 Wages, tips, other compensation		11 Social security tax withheld		15a Fringe benefits incl. in Box 10	
2,354,950.23		3,379.50			
17 State income tax		18 State wages, tips, etc.		19 Name of state	
122,796.44		2354950.23		New York	
20 Local income tax		21 Local wages, tips, etc.		22 Name of locality	
45,182.60		2354950.23		NYC	

Form W-2 Wage and Tax Statement 1988

1 Employer ID #		4 Employer state ID #		5 PENS PLAN		DEF COMP		FOLD, TEAR OFF HERE	
13-3247448				X		X		Copy 2 for State Tax Department	
2 Employer's name, address, and ZIP code		3 Employer's identification number		6 Allocated tips		7 Advance EIC payment			
INFO SOLUTIONS 4 WEST RED OAK LANE WHITE PLAINS NY 10604		NM000042386		0.00		0.00			
8 Employee's social security number		9 Federal income tax withheld		10 Wages, tips, other compensation		11 Social security wages		12 Social security tips	
514-44-4960		19,028.01		131,716.63		45,000.00		0.00	
10 Employee's name, address, and ZIP code		11 Social security tax withheld		12 Social security wages		13 Social security tips		14a Fringe benefits incl. in Box 10	
TOEHL HARDING 425 EAST 51ST APT 5A NEW YORK NY 10022		3,379.50		3,192.00		345.00		0.00	
15 1988 401K/SSPK DEFERRED		16 GROUP TERM LIFE INSURANCE		FLEX NET ADJUST COMP		0.00		0.00	
1,211.04		0.00		0.00		0.00		0.00	
17 State income tax		18 State wages, tips, etc.		19 Name of state		20 Local income tax		21 Local wages, tips, etc.	
8,039.34		131,716.63		NEW YORK		4,032.48		0.00	
22 Name of locality									

Form W-2 Wage and Tax Statement

OMB 1545-0008 YEAR 1988


1 Employer ID #		4 Employer state ID #		5 PENS PLAN		DEF COMP		FOLD, TEAR OFF HERE	
13-3247448				X		X		Copy for City or Local Tax Department	
2 Employer's name, address, and ZIP code		3 Employer's identification number		6 Allocated tips		7 Advance EIC payment			
INFO SOLUTIONS 4 WEST RED OAK LANE WHITE PLAINS NY 10604		NM000042386		0.00		0.00			
8 Employee's social security number		9 Federal income tax withheld		10 Wages, tips, other compensation		11 Social security wages		12 Social security tips	
514-44-4960		19,028.01		131,716.63		45,000.00		0.00	
10 Employee's name, address, and ZIP code		11 Social security tax withheld		12 Social security wages		13 Social security tips		14a Fringe benefits incl. in Box 10	
TOEHL HARDING 425 EAST 51ST APT 5A NEW YORK NY 10022		3,379.50		3,192.00		345.00		0.00	
15 1988 401K/SSPK DEFERRED		16 GROUP TERM LIFE INSURANCE		FLEX NET ADJUST COMP		0.00		0.00	
1,211.04		0.00		0.00		0.00		0.00	
17 State income tax		18 State wages, tips, etc.		19 Name of state		20 Local income tax		21 Local wages, tips, etc.	
8,039.34		131,716.63		NEW YORK		4,032.48		0.00	
22 Name of locality									

Form W-2 Wage and Tax Statement

OMB 1545-0008 YEAR 1988

1 Control number		OMB No. 1545-0048		Copy 2 To be filed with employee's State, City, or Local income tax return.	
2 Employer's name, address, and ZIP code				3 Employer's identification number 62-0673800	
LIN BROADCASTING CORPORATION 1370 AVENUE OF THE AMERICAS NEW YORK, NEW YORK 10019				4 Employer's state I.D. number	
5 Statutory employee		6 Deceased		7 Pension plan	
8 Employee's social security number 086-42-8261		9 Federal income tax withheld 458,738.44		10 Wages, tips, other compensation 2,354,950.23	
12 Employee's name, address, and ZIP code David M. NASEMAN 425 East 51st Street New York, New York 10022				11 Social security tax withheld 3,379.50	
13 Social security wages 45,000.00				14 Social security tips	
16				16a Fringe benefits incl. in Box 10	
17 State income tax 122,796.44		18 State wages, tips, etc. 2354950.23		19 Name of state New York	
20 Local income tax 45,182.60		21 Local wages, tips, etc. 2354950.23		22 Name of locality NYC	

Form W-2 Wage and Tax Statement 1988

DAVID M. NASEMAN 1370 AVENUE OF THE AMERICAS NEW YORK, NY 10019		114
PAY TO THE ORDER OF <u>N.Y. State Income Tax</u>		<u>April 14, 1989</u> 1-482/260
<u>\$ 108,679.85</u>		
<u>One Hundred Eight Thousand, Six Hundred Seventy-nine and 85/100 DOLLARS</u>		
 Republic National Bank of New York WORLD HEADQUARTERS 430 FIFTH AVENUE NEW YORK, N.Y. 10018		
MEMO: S.S. No. 086-42-8261		<u>David M. NASEMAN</u>
⑆026004828⑆		⑆18188309⑆ 0114

David Naseman
425 East 51st Street
Apt. 5A-6A
New York, N.Y. 10022

NEW YORK STATE INCOME TAX
W.A. Harriman Campus
Albany, New York 12227-0125

